P3 V82

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 05 SEP 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000083822

REINSTATEMENT 05

T. Roberts SEP 30 2005

700106008987
09/29/05--01055--001 **150.00

1. Corporation Name
Tele-Fax Marketing Corp.

2. Principal Office Address	3. Mailing Office Address
2300 W. Oakland Pk Blvd	2300 W. Oakland Pk Blvd.
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: Oakland Park FL	City & State: Oakland Park FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/29/98

5. FEI Number: 65-0947286 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eric Yankwitt

(P.O. Box Number is Not Acceptable): 500 SE 17th Street

Suite, Apt. #, Etc.: #220

City: Fort Lauderdale State: FL Zip Code: 33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 7/21/05

REGISTERED AGENT MUST SIGN

CR2E031 (01/06)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Felix Reynoso	2300 W. Oakland Pk Blvd.	Oakland Park, FL 33311

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 7/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B2p

ADVISORY TAX SERVICE, INC.
500 SE 17th St. Suite 220
FT. LAUDERDALE, FLORIDA 33316
(954) 763-2829

July 21, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Tele-Fax Marketing Corp. # P98000083822

To Whom It May Concern:

Please find the enclosed reinstatement form. We have changed from our previous address 3060 N.W 23rd Terrace. AND AS A RESULT DID NOT RECEIVE THE REVENUE FORM

Please correct your records and accept this application.

Please send verification that this request has been satisfied.

Thank you for your time and cooperation.

If you have any questions, please do not hesitate to contact me

Sincerely,

Felix Reynoso